

# T. RAMESH, M.D., P.C.

2271 Eureka Rd. Wyandotte, MI. 48192 - Phone#: (734) 283-8811 - Fax#: (734) 283-6880

<i>Please Print</i>	<i>For office use only</i>
<b>PATIENT INFORMATION</b>	<b>INSURANCE</b>
PATIENT NAME:	PRIMARY INSURANCE:
ADDRESS:	
CITY: STATE: ZIP:	SECONDARY INSURANCE:
PHONE #:	
AGE: BIRTH DATE:	OTHER INSURANCE:
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED	
SOC. SEC. #:	SUBSCRIBER NAME:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b> NAME:	
RELATIONSHIP: PHONE #:	RELATIONSHIP: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDANT
<b>RESPONSIBLE PARTY / INSURED PERSON'S INFO / EMPLOYER</b>	<b>SPOUSE INFORMATION</b>
NAME:	NAME:
SOC. SEC. #: BIRTH DATE:	SOC. SEC. #: BIRTHDATE:
EMPLOYER'S NAME:	EMPLOYER'S NAME:
ADDRESS:	ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE #:	PHONE #:
OCCUPATION: WORK PHONE #:	OCCUPATION: WORK PHONE #:
<b>ALLERGIES TO MEDICATION (LIST):</b>	

Please present your insurance card and driver's license to the receptionist so she can make a photocopy for your chart.

All professional services rendered are charged to the patient. Payment is expected at the time of service. We accept cash and checks. We do participate in some Preferred Provider Organizations and will file claims with those insurance companies. Assistance with other insurance claims will be provided if needed.

### INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Dr. T. Ramesh, MD to furnish information to insurance carriers concerning my illness and treatments, and I hereby assign to the physician all payments for medical services rendered to myself or my dependants. I understand that I am responsible for any amount not covered by insurance. In the event of default for any charges incurred, I agree to pay all costs of collection, including reasonable attorney fees. I authorize use of this form on all of my insurance submissions. I authorize this practice to act as my agent to help me secure payment from my insurance companies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_